

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC			FEC IDENTIFICATION NUMBER ▼ C C00502849		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee CMF Communications			Date M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2012		
Mailing Address 25000 Portofino Cir. #129			Amount 1931.55		
City Palm Beach Gardens		State FL	Zip Code 33148-1293		
Purpose of Expenditure Automated Calls		Category/ Type 006		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 09	
Name of Federal Candidate Supported or Opposed by Expenditure: DENNIS J KUCINICH			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 107506.51			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee CMF Communications			Date M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2012		
Mailing Address 25000 Portofino Cir. #129			Amount 850.36		
City Palm Beach Gardens		State FL	Zip Code 33148-1293		
Purpose of Expenditure Facebook Advertisement		Category/ Type 004		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 09	
Name of Federal Candidate Supported or Opposed by Expenditure: MARCY C HON. KAPTUR			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 111734.23			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			2781.91		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Jonathan Martin		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 03 / 04 / 2012	